



# INTERNATIONAL CLARINET ASSOCIATION

## MEMBERSHIP APPLICATION

### Member Information (PLEASE PRINT CLEARLY)

☐ New Member ☐ Renewing Member # \_\_\_\_\_  
(if known)

Name \_\_\_\_\_

Billing Address \_\_\_\_\_

\_\_\_\_\_

Mailing Address (if different from billing address)

\_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

Current Affiliation (i.e., university, orchestra, etc.)—optional

\_\_\_\_\_

### Membership Types (Please circle the level you desire)

Membership Level	1 Year	2 Year
Adult	\$85	\$150
Student (under 18)	FREE	N/A
College Student	\$10	N/A
Senior Citizen (65 and Older)	\$60	\$100
Military (Active Duty or Retired)	\$60	\$100
New Horizons International Music Association (Must Provide NHIM number)	\$25	N/A
Institutional (US Based)	\$100	\$200
Institutional (International Based)	\$150	\$300
Commercial Membership	\$100	\$200

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Please note: The ICA has moved away from a printed magazine and will no longer offer print memberships. Starting with Volume 51, December 2023, ICA Members can purchase printed copies directly from the print provider.

Your membership benefits include a digital subscription to *The Clarinet*, the official quarterly journal of the ICA. All issues of the journal can be found on the "Members Only" section of [clarinet.org](http://clarinet.org).

### Contribution to the ICA

Your generous gift will help the ICA flourish and grow. The International Clarinet Association is a 501(c)(3) organization, and your contribution is deductible as a charitable donation for federal income tax purposes.

☐ YES, I would like to contribute \$ \_\_\_\_\_

☐ NO, I do not wish to make a contribution

### Payment

Check Enclosed – Check # \_\_\_\_\_ Amount \_\_\_\_\_  
(checks drawn from a U.S. bank only)

Money Order

Credit Card: Please charge the balance due of \$ \_\_\_\_\_ to my credit card.

(Visa, MasterCard, Discover, or American Express)

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ / \_\_\_\_\_ (month/year)

CVV \_\_\_\_\_

Cardholder's Name \_\_\_\_\_

Signature \_\_\_\_\_

Credit Card Billing Address (if different)

\_\_\_\_\_

\_\_\_\_\_

*Please mail completed application to:*

**International Clarinet Association**

5567 Bow Falls Blvd.

Dublin, Ohio 43016

**Phone: +1-888-983-5441**

**Email: [EDO@clarinet.org](mailto:EDO@clarinet.org)**

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### IMPORTANT NOTE:

It takes approximately **30 days** for **address changes** to be fully effective. It is the responsibility of the member to notify the organization of any changes in his/her contact information.